

PUBLIC HEALTH REPORT

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THE INFLUENZA surveillance program for the 1959-60 season was activated November 1. It is similar to the one carried out last year and is designed to provide the department with rapid information on the fluctuation in the incidence of influenza as it occurs.

Several indicators are being used to detect any upswing, such as school absenteeism, numbers of deaths from pneumonia and influenza, and laboratory reports.

Eight local health departments are participating in the network and will report an unusual accumulation of respiratory disease within their jurisdiction.

No widespread attacks are anticipated, although localized outbreaks undoubtedly will occur. The predominant type of influenza this fall and winter is expected to be A-2, or Asian strain.

Commercially available polyvalent influenza vaccine contains immunizing materials against the important strains, including the Asian. Its use is recommended by the department for persons for whom onset of influenza might represent an added health risk, such as persons with cardiovascular or pulmonary conditions, persons over age 55 with chronic illness of any type, and pregnant women.

The number of paralytic poliomyelitis cases in California is within 30 of doubling the number reported last year, with young adults and youngsters bearing the brunt of the attack.

For this year 12 deaths due to poliomyelitis have been recorded. Only one of the 12 who died had had three doses of Salk vaccine, and even in that person they apparently were poorly spaced, probably a year having elapsed between doses.

The vaccine supply situation has eased considerably as compared to the summer months, and there seems to be no shortage of vaccine for either commercial or public agency use.

While only one case of western equine encephalitis has been reported so far this year, there have been 34 laboratory proved cases of St. Louis encephalitis, with one death. This is the highest incidence of this disease since 1954.

The majority of the cases occurred in the northern part of the Central Valley, with a few scattered cases

reported from the San Joaquin and Imperial valleys. This corresponds well to the known endemic area and no case has been proved to have originated outside the endemic area.

Preliminary steps have been completed for a pilot study of the health status of Indians and their utilization of medical facilities in the ten counties which contract with this department for services.

The Los Angeles County Health Department has been reporting an unnamed illness in school children during the past several weeks. This illness has a sudden onset characterized by frontal headache and nausea. A small proportion of those affected reported abdominal pain with cramps, vomiting and/or diarrhea. A few had low grade fever. None reported dizziness or rashes. The duration of symptoms varied from three days to a week, and there was a tendency to relapse.

Reports have been received mainly from junior and senior high schools, but cases have also been seen in the elementary schools. In one area the teachers were similarly affected.

The illness is reported to spread rapidly when once introduced into a classroom, and attack rates for total school populations vary from approximately 10 to 30 per cent; in single classrooms up to 50 per cent.

Laboratory studies on blood and stool specimens are being conducted by the department's Viral and Rickettsial Disease Laboratory. So far the disease seems to be limited to Los Angeles County.

The importance of occupational health services is reflected in the number of local health departments in California which now are conducting, or starting, such programs. Thirty-seven full-time and two part-time local health departments report they provide occupational health services or are drafting definite plans to do so. These jurisdictions cover 90 per cent of the state's population and about 90 per cent of the labor force. Ten years ago occupational health programs existed in only Los Angeles City and County.

The department's Bureau of Crippled Children Services is now providing medical care to children

with orthopedic handicaps resulting from poliomyelitis. Children with poliomyelitis whose condition is in the acute stage, however, are not eligible for care through the program.

Because Crippled Children Services is tightly budgeted this year, care can be given only in cases of severe hardship. Next year, and in future years, the bureau will budget for the care of children with orthopedic handicaps resulting from poliomyelitis, as it does for similar handicaps suffered from other causes.

The Berkeley City Health Department has reported a food poisoning outbreak due to *Clostridium perfringens*, the first time this organism has been

known to be associated with food poisoning in California.

The epidemic occurred in Berkeley where 40 people attended a reunion dinner in a private home. Guests came from eight counties. Of the 40 persons present, 32 have been interviewed and 21 reported being ill. Symptoms were mild, usually stomach cramps and diarrhea—no vomiting or fever.

The food served was purchased from a commercial caterer, taken to the home and eaten without refrigeration or adequate reheating. Samples of the food were examined in the Division of Laboratories and the organism was isolated from roast beef. All of those who became ill had eaten the meat.

